

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 10/30/14		TIME: MILITARY 1355	
CRASH OCCURRED ON 19 Dave St. (Rmv Lot)				WITHIN THE INTERSECTION OF				CITY CODE 8321			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)											
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Curo			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Wilson, Amanda				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 118 Dave St. Apt. 701 Lebanon, OH 45036							
PHONE NO. (513) 713-3013		BIRTH DATE 8/23/75		AGE 39		SEX F		SOCIAL SECURITY NO. -		STATE OH	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS				PHONE			
VEH YR 12		MAKE Ford		MODEL F-150		COLOR Brown		STYLE TR		STATE OH	
LICENSE PLATE NO. EVV 3949		TOWING SERVICE NA		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT County Risk Sharing Authority			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE OH	
OWNER (IF SAME AS DRIVER, WRITE SAME) Warren Co. Commissioners				ADDRESS 406 Justice Dr. Lebanon, OH 45036				PHONE (513) 695-1463			
VEH YR 12		MAKE Ford		MODEL		COLOR White		STYLE VN		STATE OH	
LICENSE PLATE NO. 969 YJA		TOWING SERVICE NA		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
FROM UNIT NO. C		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES	
ADDRESS				PHONE		SEX		A B C D E F		A B C D E F	
FROM UNIT NO. D		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
ADDRESS				PHONE		SEX		A B C D E F		CONDITION	
FROM UNIT NO. E		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
ADDRESS				PHONE		SEX		A B C D E F		ALCOHOL	
FROM UNIT NO. F		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	
ADDRESS				PHONE		SEX		A B C D E F		1 YES 1 NO 1 TESTED 1 NO TESTED	
A B C		INJURED TAKEN TO		By				A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
D E F		INJURED TAKEN TO		By				A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
A B C		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
D E F		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		1 YES 1 NO 1 TESTED 1 NO TESTED	
A B C		RECEIVED CALL 1555		DISPATCHED 1409		ARRIVED 1417		CLEARED 1432		OTHER TIME 0	
D E F		DATE REPORT FILED		PHOTOS YES NO		OFFICER'S NAME J. Haller		BADGE NO. 123		CHECKED BY	
A B C		M D Y									